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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only
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COVER PAGE

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Please type or print	in ink.		
NAME OF FILER	GALGTIANI	CATHLEEN	(MIDDLE)
1. Office, Agend		3741144	
Agency Name			
(California State La	gislature	
Division, Board, D	epartment, District, if applicable	Your Position	
)	State Assembly	Assemblymembe	
➤ It titing for multi	ple positions, list below or on an attachment.	_	-
Agency:		Position:	
	of Office (Check at least one box)	<u>_</u>	
State		☐ Judge (Statewide Jurisdiction)	
•		•	
City of	·	Other	20
3. Type of State	ement (Check at least one box)		
Annual: The 2010.	period covered is January 1, 2010, through D	ecember 31, Leaving Office: Date Left/ (Check one)	
The period 2010.	d covered is/, through De	cember 31, O The period covered is January 1, 2 leaving office.	2010, through the date of
Assuming Of	fice: Date/	The period covered is/ of leaving office.	_
Candidate: E	Election Year Office s	ought, if different than Part 1:	9 /
4. Schedule Su	mmary		\bigcirc
Check applicable	schedules or "None."	► Total number of pages including this cover p	age:
Schedule A-1	- Investments - schedule attached	Schedule C - Income, Loans, & Business P	ositions – schedule attached
· .	- Investments - schedule attached	Schedule D - Income - Gifts - schedule att	ached
Schedule B - Rento	Real Property - schedule attached Property - on	Schedule E - Income – Gifts – Travel Paym	ents – schedule attached
	☐ None - No repor	rtable interests on any schedule	
			'
•	attached scriedules is true and complete. Tac nalty of perjury under the laws of the State	·	
Date Signed /	month, day, ydar)	Signature	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Name Cathleen Galglani

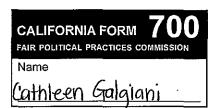
665 S. Regent Street	
TAIN'S SUBSTITE STORT	
CITY J	CITY
Stockton	Sit 1
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000/	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
alith againg an loan	
NATURE OF INTEREST Still paying On loan Vownership/Deed of Trust Easement	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold
Yrs, remaining Other	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ※ \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000 •
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
Ellen Powell	
	lending institutions made in the lender's regular course lic without regard to your official status. Personal loans business must be disclosed as follows:
NAME OF LENDER*	
	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	NAME OF LENDER* ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	
	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

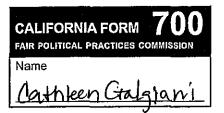
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Cathleen Galglani	

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Ellen Powell - Renter	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
10105 S. Regent Street	
BUSINESS ACTIVITY, IF AMY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Stockton, 95204	<u></u>
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Landlord	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 × \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
\$ 9 600	
11 1,000	
Other(Describe)	Other (Describe)
(Describe)	(0600106)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	
•	
of a retail installment or credit card transaction, made	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms
	our official status. Personal loans and loans received
not in a lender's regular course of business must be of	
NAME OF LENDER	INTEREST RATE TERM (Months/Years)
WHILE OF LEADEN	TENN (WORLD TOUT)
ADDRESS (Business Address Acceptable)	%
1.2.2.1.2.2.7	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	_
UICHEST RALANIES DUOING DEPORTING ASSUCE	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
S1,001 - \$10,000	Guarantor
S10,001 - \$100,000	
OVER \$100,000	
	Other(Describe)
	Other(Describe)
	Other(Describe)
Comments:	Other(Describe)



► NAME OF SOURCE	► NAME OF SOURCE
Technology Assn. of America ADDRESS (Business Address Acceptable)	CA. Bully Federation
ADDRESS (Business Address Acceptable)	ADDRESS (Businèse Address Acceptable)
455 Gapitol Mall Suite 801, Sac 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE	4640 Squres Way Suite 4, Modesto, 95356 BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1,27,10 s15.97 Reception	3,9,10 ,223,13 Log, Paultry Extravaganza
NAME OF SOURCE	NAME OF SOURCE
CA Healthcare Institute ADDRESS (Business Address Acceptable)	CA State Council of Laborers ADDRESS (Business Address Acceptable)
1020 Prospect St. #310, La Jolla (A 92037 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
2,2,10 ,205.30 Biomed. Reportlaunch	3, 16, 10 :46.46 Laborer's Reception
s	
NAME OF SOURCE	NAME OF SOURCE
CA Medical ASSN. ADDRESS (Business Address Acceptable)	Agribusiness tresidents Quncil ADDRESS (Business Address Acceptable)
1201 J. Street, #200, Sac. 95814	1521 I Street Sacramento 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
2,2,10 ,25,80 Reception	2,17,10 ,46.65 Legislative Reception
	\$
s	
Comments:	

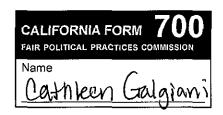
► NAME OF SOURCE	► NAME OF SOURCE
CA Cattleman's Assn.	CA Tribal Business Alliance
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1221 H. Street, Sacto, 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE	12222 NEW YORK Ranch Rd Jackson, CA 9 BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3,23,10 ,25,00 Legislative Breakfast	3,3,10 :35.00 Food : Beverages
	\$
NAME OF SOURCE	NAME OF SOURCE
CA Automotive Wholesaler's ASSA. ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	2300 River Plaza Drive, Sacro 95833
11160 Sun Center Dr., Rancho Cordava, 95670 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
2,24,10 ,62,17 Food Beverages	3,2,10 ,52.49 food Beverage
\$	
NAME OF SOURCE CA RICE COMMISSION	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
8801 Folsom Blvd #172, Sacto 95826	1201 K St. Sayto, 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3,1,10 :28.71 Rice Gift Box	3,15,10 ,40.97 Reception attendan
Comments:	



► NAME OF SOURCE	➤ NAME OF SOURCE
(in State Floral Association	CA Building Industry Assoc
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1521 I St Say 1 95814	1215 KSt. #1200 sacto 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3,23,10 :16.95 (A/g Day-Bouquet	5,5,10 ,79.55 Food & Beverage
\$	
\$	
► NAME OF SOURCE	NAME OF SOURCE
Engineering + Utility Contractors 1850c	(A Issues Forum
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
17 CROW Canyon Ct #100 San Ramon 94583	1717 I St. Sacto 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (LULY) LYLLIE PEOPLETICN OF CITTO	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
4,1,10 ,60-00 Food Beverage	6,21,10 \$105.34 Food : Beverage
NAME OF SOURCE	NAME OF SOURCE
OA RESTOUTANT ASSOCIATION	John A. Perez for Assembly
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
(02) Capital Mail \$2000 Sacto, 95814	777 S. Figueroa St. #4050 L.A. 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
4,27,10 , 45.00 Reception Attendance	12,6,10 \$110.00 Leather Portfolio
	\$
Comments:	

► NAME OF SOURCE	► NAME OF SOURCE
ROLL International Corporation	Southern CA Contractors Association
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1444 W. Olympic Blvd LA. 90064-1544 Business activity, if any, of source	GOSS E. WOShington BIV9#200 L.A. 900 BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12,15,10 : 12.00 Holiday Gift BOX	3,16,10 ,35.00 food : Beverage
NAME OF SOURCE	► NAME OF SOURCE
Children's Hospital-Central CA ADDRESS (Business Address Acceptable) 9300 Valley Childrens Place Madera	ADDRESS (Businest Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS AUTIVITY, IF ANT, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
5,21,10 ,21.65 FShirt	
NAME OF SOURCE	► NAME OF SOURCE
Mary Hayashi for ASM 2010 ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
565 SOUTH FLOWER ST #4210, LA 90071	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1,4,10 \$48.92 Food & Beverage	
	\$
	s
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	NAME OF SOURCE
CA ISSUES FORUM	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1717 7 24.	
CITY AND STATE	CITY AND STATE
Sacramento CA 95811	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Nonprofit organization	
DATE(S): 12,13,10 - 12,14,10 AMT: \$ 925.00	DATE(S):/ AMT: S
(If applicable)	DATE(\$):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
	THE OF PARMENT, UNder GREEK Only State 12 moone
DESCRIPTION: Transportation, lodging, food	DESCRIPTION:
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
, ,	
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):// AMT: \$	DATE(S):/ AMT: \$
(If applicable)	(If applicable)
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION:	DESCRIPTION:
Comments:	
	